

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7712

Registration District No. 1668

Primary Registration District No. 3032

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Seclavia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street address of location)  
(d) Length of stay: In hospital or institution Bothwell Hosp  
(Specify whether)  
In this community  
years, months or days

3. (a) PRINT FULL NAME LEANDER BERRYMAN

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Berryman 6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased July 30-1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 82 6 17 hr. min.

9. Birthplace Term  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Wm L Berryman

13. Birthplace Do not know  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Johnson

15. Birthplace Do not know  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bertha Surp

(b) Address Seclavia R.R. # 1

17. (a) Burial (b) Date thereof 2-18-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Point

18. (a) Signature of funeral director Meddoughlin Bur

(b) Address Seclavia 906

19. (a) 2-17-40 (b) Wm Harry Sneed  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis  
(c) City or town Seclavia R.R. # 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17  
year 1940 hour minute 3 a M.

21. I hereby certify that I attended the deceased from Feb 13  
1940 to Feb 14, 1940  
that I last saw him alive on Feb 13  
and that death occurred on the date and hour stated above.  
Immediate cause of death Asphyxia

Due to Asphyxia

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) means of injury

23. Signature J C Mitchell (M. D. or other)

Address Seclavia Mo Date signed Feb 17

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 3-13-40

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Ralph E. Baker*

Licensed Embalmer No. 2419

P. O. Address.....

*Sedalia Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.